DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: GABLES OF WALDO (0011321) Address: 1102 W 1ST ST, WALDO, WI 53093

License Status: REGULAR

Licensed/Certified/Registered 08/01/2006

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096638 End Date: 03/27/2006 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096350 End Date: 02/01/2006 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED